

Exhibit ‘E’

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RUIZ LAW FIRM

118 W. PECAN BLVD.
MCALLEN, TEXAS 78501

TEL (956) 259-8200
FAX (956) 259-8203

July 21, 2020

Via CM 7018 0680 0000 0868 5467, RRR

TEXAS WORKFORCE COMMISSION
CIVIL RIGHTS DIVISION
101 East 15th St., Room 144T
Austin, Texas 78778-0001

Re: Employer: Humana
Claimant: Sandra Guerra



Dear Sir/Madam:

Enclosed please find the fully executed intake Questionnaire regarding the above matter.

Should you need any additional information, please do not hesitate to call me.

Sincerely,

RUIZ LAW FIRM, P.L.L.C.

Mauro F. Ruiz
Mauro F. Ruiz

MFR/hlm
Enclosure

7018 0680 0000 0868 5467


U.S. Postal Service®
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees 6.90	
Sent to TWCCRD	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4® Austin, TX 78778	

PS Form 3811, April 2015 PSN 7530-02-000-9053 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY		
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>4. Article Addressed to:</p> <p>Texas Workforce Commission Civil Rights Division 101 East 15th St., Guadalupe CRD Austin, Texas 78778-0001</p> <p> 9590 9402 3706 7335 4955 69</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Texas Workforce Commission 101 E. 15th Street, Austin, TX 78778 JUL 27 2020</p>		
<p>2. Article Number (Transfer from service label) 7018 0680 0000 0868 5467</p>	<p>3. Service Type</p> <table border="0"> <tr> <td> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </td> <td> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </td> </tr> </table>	<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery		

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

EMPLOYMENT DISCRIMINATION COMPLAINT FORM Texas Workforce Commission Civil Rights Division Please return this form by: Mail: 101 East 15th Street, Guadalupe CRD, Austin, TX 78778-0001 Email: EEOIntake@twc.state.tx.us Telephone: (888) 452-4778 or Fax: (512) 482-8465 (Please include a cover sheet with your name and the total # of pages)		TWCCRD# _____ EEOC# _____	
Please indicate if you have previously filed this complaint with any of the agencies below: <input type="checkbox"/> Texas Workforce Commission Civil Rights Division (TWCCRD) <input type="checkbox"/> Equal Employment Opportunity Commission (EEOC) <input type="checkbox"/> City of Austin Equal Employment and Fair Housing Office <input type="checkbox"/> Corpus Christi Human Relations Division <input type="checkbox"/> Fort Worth Human Relations Department		DATE RECEIVED (For Office Use Only):	
Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call us at (888) 452-4778. (Ofrecemos asistencia en Español)			
Complainant Full Name: Sandra Guerra Address Line 1: 410 E. Rosewood Ave. Address Line 2: City/State/Zip: San Antonio, Texas 78212 Home Phone #: Other Phone #: Email:		Complainant Representative (Optional): (If you are represented by an attorney, please have them submit a letter of representation): Mauro F. Ruiz and Ruiz Law Firm, PLLC Address Line 1: 118 W. Pecan Blvd. Address Line 2: City/State/Zip: McAllen, Texas 78501 Phone #: (956) 259-8200 Fax #: (956) 259-8203	
Preferred Form of Contact: (Please check) <input checked="" type="checkbox"/> E-mail <input checked="" type="checkbox"/> Telephone		mruiz@mruizlaw.com & tbelez@mruizlaw.com	
Date Hired: 10/2012 Position held: V.P. Chief Medical Officer Still employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site: Ricky Edwards	
Name of Employer (Please be sure to give the complete Company name and address where you physically worked) ...mana		15 or more employees: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Company Address Address Line 1: 8123 Datapoint Address Line 2: City/State/Zip: San Antonio, Texas 78229 Phone #: (502) 318-9457		Company Officer Address Address Line 1: Address Line 2: City/State/Zip: Louisville, Kentucky Phone #: (502) 714-4429	
BASIS: I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 21) and federal law (ADEA, GINA, Title VII, ADA, AA), as follows:		<input type="checkbox"/> Age (You must be 40 years of age or older to qualify): Date of Birth: ____/____/____ Month/day/year Age at time of incident: ____	
Please mark <u>only</u> the basis you believe were the reasons you were discriminated.		<input checked="" type="checkbox"/> Color (Based on skin color): <input type="checkbox"/> Black <input checked="" type="checkbox"/> Brown <input type="checkbox"/> White <input type="checkbox"/> Other:	
<input type="checkbox"/> Disability: <input type="checkbox"/> Disabled <input type="checkbox"/> History of disability <input type="checkbox"/> Regarded as disabled (Pregnancy is NOT a disability unless you are regarded as disabled.)		<input type="checkbox"/> Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:	
EXAMPLE: If your treatment was because of your race, then check only the box by your race.		<input type="checkbox"/> Religion: <input type="checkbox"/> Baptist <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other:	
<input type="checkbox"/> National Origin: <input type="checkbox"/> African-American <input type="checkbox"/> Anglo/Caucasian <input type="checkbox"/> East Indian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Mexican <input type="checkbox"/> Other:		<input type="checkbox"/> Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Female/Pregnancy <input type="checkbox"/> Male	
<input type="checkbox"/> Retaliation: <input type="checkbox"/> Assisted another filing discrimination <input type="checkbox"/> Filed a complaint of discrimination <input type="checkbox"/> Participated in discrimination investigation. ON THIS DATE: ____/____/____ Month/day/year		<input type="checkbox"/> Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Female/Pregnancy <input type="checkbox"/> Male	

MCantuProd00099

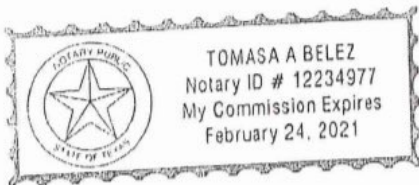
Employment Harms or Actions (Mark all that apply)		
<input type="checkbox"/> Demotion (D1) <input checked="" type="checkbox"/> Discharge (D2) <input type="checkbox"/> Discipline (D3) <input type="checkbox"/> Harassment (H1) <input type="checkbox"/> Hiring (H2)	<input type="checkbox"/> Layoff (L1) <input type="checkbox"/> Promotion (P3) <input type="checkbox"/> Reasonable Accommodation (R6) <input type="checkbox"/> Severance Pay (B5) <input type="checkbox"/> Sexual Harassment (S4)	<input type="checkbox"/> Suspension (S5) <input type="checkbox"/> Terms & Conditions (T2) <input type="checkbox"/> Training (T4) <input type="checkbox"/> Wages (W1) <input type="checkbox"/> Other:
The following questions are regarding the employment harms or actions taken against you. (Each incident must be within <u>180 days</u> of the date you submit your complaint to the TWCCRD.)		
DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)		
Earliest (Month/Day/Year) <u>2 / 18 / 2020</u>	Latest (Month/Day/Year) <u>2 / 18 / 2020</u>	<input type="checkbox"/> CONTINUING ACTION
Name and Position Title of person(s) who did the harm: Brent Densford - Senior VP Humana	(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:) White male	
Did you complain of discrimination to your employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, date of complaint: ____ / ____ / ____ (Month/Day/Year) Name and Position Title of person(s) you complained to:		
Explain why you believe the employment harm(s) and/or action(s) were discriminatory:		
I was terminated by a white male, Brent Densford, for a false reason. I was falsely accused of harassment. The alleged false complaint against me was retaliatory and made by an associate who I had disciplined three (3) days earlier. I was the only Hispanic female vice president, and progressive discipline was not afforded to me in violation of the Humana policy. I do not believe a thorough investigation was performed. A White Anglo male associate made stereotypical comments about women and Hispanics. He was not investigated or terminated. I was replaced by White Anglo males: 1) Dr. Robert Johnson (White Anglo Male): assigned 1/2 of Dr. Guerra's job duties/position and 2) Joseph "Joe" Kennedy (White Anglo Male): assigned 1/2 of Dr. Guerra's job duties/position		
Employer's reason for its action:		
Alleged inappropriate relationship and inappropriate communication with an associate.		
Are there other employees treated more fairly than you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the information below:		
Full Name and Position Title	(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)	
1) Tray Cockrell: The family of Tray Cockrell, Chief of Staff for Humana, was committing fraud on the TRICARE program which is managed by Humana for the U.S. Government. Tray Cockrell was not investigated by Humana nor did he suffer any adverse employment action. 2) Neil Mullany: Vice President/Chief Operating Officer for Humana Military. Over paid and under paid providers. We were penalized in the millions of dollars. He did not suffer any adverse employment action. Mullany's team overcharged insureds' bank accounts for medical premiums because of clerical errors, causing overdrafts and other disruptions to insureds. 3) Eric Lisle: Vice President. Sexually harassed females. He was given the option to voluntarily separate rather than face an adverse personnel action. 4) Phil White: Chief Information Officer for Humana. He was laterally transferred despite poor work performance. Did not suffer an adverse personnel action. 5) Alan Wheatly: Senior Vice President of Humana. Engaged in sexual harassment/relations with a subordinate and was later beaten up by woman's husband in front of Humana tower in Louisville, Kentucky. He suffered no adverse personnel action. In fact, he was promoted.		

BEFORE ME, the undersigned authority, on this day personally appeared Sandra Guerra, who being duly sworn stated:

My name is Sandra Guerra. I am over the age of twenty-one (21). I am of sound mind and fully capable of making this verification. I verify that the factual information contained in this Employment Discrimination Complaint Form (Form 1000) is both true and correct.

Affiant further sayeth not.

SUBSCRIBED AND SWORN TO BEFORE ME on the 21st day of July, 2020 2019, to certify which witness my hand seal of office.



T. Belez
Notary Public, State of Texas

What are you seeking as a resolution to your case?

Monetary relief.

What is the most convenient method to contact you:

☒ Email: mruiz@mruizlaw.com & tbelez@mruizlaw.com ☒ Telephone: (956) 259-8200

Sandra Guerra

Signature

7.21.2020

Date